

CHAPMAN HOUSE VOLUNTEER APPLICATION

Name: _____

Contact information:

e-mail: _____

Home phone: _____ Cell phone: _____

Best time of day to contact you: _____

Availability for volunteering. Please circle:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Type of volunteer service you are interested in providing: (list 1-3 in order of preference)

1. _____

2. _____

3. _____

Experience related to the above services:

1. _____

2. _____

3. _____

Health status: _____

Ability to lift: _____

Physical limitations: _____

Provide a summary of why you wish to volunteer at Chapman House: _____

COMPLETED FORMS CAN BE SCANNED AND EMAILED TO info@greybrucehospice.com, FAXED TO 519-370-7234 OR DROPPED OFF AT OUR HOSPICE OFFICE ON CARNEY LANE. IF YOU HAVE QUESTIONS ABOUT OUR SERVICE, PLEASE CALL 519-370-7239.

WITH THANKS AND WE LOOK FORWARD TO CONTACTING YOU IN THE NEAR FUTURE!